Application Data Sheet

Application number::	
Filing Date::	
Application Type::	Continuation-in-Part
Subject Matter::	Utility
Suggested Classification::	
Suggested Group Art Unit::	
CD-ROM or CD-R?	None
Title::	Vascular Prosthesis
Attorney Docket Number::	1033-110.US

Request for Early Publication?:: No Request for Non-Publication?:: No

Suggested Drawing Figure:: 1

Total Drawing Sheets:: 4

Small Entity:: Yes

Petition included?:: No

Secrecy Order in Parent Appl.?:: No

Applicant Information

Application Information

Applicant Authority type:: Inventor

Primary Citizenship Country: Latvia

Status:: Full Capacity

Given Name:: Viktoria

Middle Name::

Family Name:: KANTSEVITCHA

City of Residence:: Riga

State or Province of Residence::

Country of Residence:: Latvia

Street of mailing address::

Lokomotives lela 72 - 30,

City of mailing address::

LV-1057 Riga

State or Province of mailing address::

Postal or Zip Code of mailing address::

Applicant Authority type::

Inventor

Primary Citizenship Country:

Latvia

Status::

Full Capacity

Given Name::

Eriks

Middle Name::

Family Name::

MASTEIKO

City of Residence::

Riga

State or Province of Residence::

Country of Residence::

Latvia

Street of mailing address::

Lacu lela 10b,

City of mailing address::

LV-2010 Jurmala

State or Province of mailing address::

Postal or Zip Code of mailing address::

Applicant Authority type::

Inventor

Primary Citizenship Country:

Latvia

Status::

Full Capacity

Given Name::

Leonids

Middle Name::

Family Name::

RIBICKIS

City of Residence::

Riga

State or Province of Residence::

Country of Residence::

Latvia

Street of mailing address::

Dzirnavu lela 74/76 - 51,

City of mailing address::

LV-1011 Riga

State or Province of mailing address::

Postal or Zip Code of mailing address::

Correspondence Information

Name::

Colin P. Abrahams

Street of mailing address::

5850 Canoga Avenue, Suite 400

City of mailing address::

Woodland Hills

State or Province of mailing address::

CA

Postal or Zip Code of mailing address:: 91367

(818)710-2788

Fax::

Telephone::

(818)710-2798

E-Mail address::

cabrahams@earthlink.net

Representative Information

Representative Designation::	Registration number::		Name::
Primary	32393		Colin P. Abrahams
Representative Customer Number:: 023390			

Domestic Priority Information

Application::	Continuity Type:	Parent Application::	Parent Filing Date::
This Application	CIP	10/775,826	Feb 10, 2004
10/775,826	CIP	10/204,009	Aug 15, 2002

Foreign Priority Information

Country::	Application Number::	Filing Date::	Priority Claimed::
Latvia	P-00-21	02/16/00	Yes

Assignment Information

Assignee name::